



# ***St. Mary's County Million Hearts® Collaborative***

**2015 Maryland Million Hearts Symposium  
St. Mary's County Health Department  
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# Program Rationale

- Need for public health action as evidenced by:
  - ED visits for HTN
  - Hospital admissions for cardiovascular events
  - Mortality rate for CVD
- Local health department interest in evidence-based health systems change/ team-based HTN management



# Asheville Project

- Community-based CV MTM program in Asheville, NC
- CV risk reduction education to the patients
- Face-to-face review and counseling by community and hospital pharmacists
- Over a six year period improvements in clinical and financial outcomes were observed
  - Reduced ED visits and hospitalization
  - Reduced CV-related events
  - Reduced CV-related medical expenses
  - Reduced drug-related adverse events

# **St. Mary's Million Hearts**

## **Core Components**

- Improve ambulatory HTN/DM outcomes through team-based care
  - Medication Therapy Management (MTM)
  - Increase use of community-clinical linkages
  - Monitor local aggregate data on HTN/DM
  - Community local health improvement coalition efforts to address healthy eating, active living, tobacco free living, and access to care

# Participant Requirements

- Referrals: Clinical-community linkages
- Monthly reporting: process and outcomes measures
- Monthly partner meetings: shared team learning
- Use of Pharmacist (offered)

# Year 1 Pilot

- November 2013 through September 2014
- Participants:
  - Agreement with local hospital
    - Data – community-clinical linkages
    - Pharmacist
  - Partnered with two Primary Care Practices
    - Team-based HTN care strategies
      - Use of community-clinical linkages
      - Use of pharmacist
    - Reporting clinical data

# Pharmacist Role

- Used primarily by community-based practice
- Met with clinicians on a weekly/biweekly basis
  - Dependent on provider need
- Offered medication recommendations
- Focused on difficult to manage patients and/or cases of polypharmacy
- Educated providers on medications or clinical guidelines relevant to Million Hearts goals

# Medication Therapy Management (MTM)





# Benefits from the Provider Perspective



- Ability of the pharmacist to review specific charts prior to meeting with physician
- Established strong working relationship between PCP practice and the pharmacist
- Pharmacist provided education in other areas of expertise relevant to Million Hearts

# Year 1 Lessons Learned

- Problem: Multiple deliverables tied to a lump sum payment
- Solution:
  - Create separate agreements with each partner
  - Multiple agreements if needed, depending on deliverables
  - Clearly tie deliverables to payment
- Problem: Different interpretation of the data collection among providers
- Solution:
  - Clearly define data to be collected prior to program start (account for varying EMR's)
- Problem: Providers needing to create new workflow to refer and track community-clinical linkages
- Solution:
  - Sample tool to assist practices in tracking referrals to community-clinical linkages (as may not be in EMR set-up)

# Year 1 versus Year 2

- Year 1 (Pilot) –
  - Hospital Agreement
  - Additional community PCP practice
- Year 2 (Expanded) –
  - Pharmacy Agreement
  - (8) PCP's (contracted through RFP process)
  - Focus on both Hypertension and Diabetes
  - Data-sharing agreement with local organizations providing community-clinical linkages (e.g., CDSMP, DPP, care coordinators)

# Year 2 Pharmacist Role



- Agreement between LHD and Pharmacist
- 4 hours/practice/month
- Scope of service to be determined by practice
  - Phone-based consultation
  - On-site chart review and suggestions
  - MTM visits with patients
  - Access to EMR for chart review and/or note entry
- Dedicated pharmacist



# Contact Information

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